

F	1
•	

Certificate of Mailing

Date of	Denosit	October 16	2000	

Sequence Listing on Paper

□ Unsigned;

Sequence Listing on Diskette

Small Entity Statement, which is:

□ Newly signed for this application;

entity status is still proper and desired.

■ A copy from prior application 09/456,693, and such small

Label Number: <u>EL623626236US</u>

I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, ID.C. 120231.

Marcellus Green

1	2 =
	ora
ı	19
ı	ω <u>ω</u> <u>ω</u> <u>ω</u> <u>ω</u>
ı	:::::::::::::::::::::::::::::::::::::
ı	
l	12 = 12 = 12 = 12 = 12 = 12 = 12 = 12 =
ı	
i	υ
1	T ==

Printed name of person mailing correspondence Signature of person mailing correspondence					
UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)					
Attorney Docket Number	50036/021004	50036/021004			
Applicant	Dasa Lipovsek et al.	Dasa Lipovsek et al.			
Title		PROTEIN SCAFFOLDS FOR ANTIBODY MIMICS AND OTHER BINDING PROTEINS			
PRIORITY INFORMATION:					
which is a continuation-in-part	of and claims priority from	iority from 09/515,260, filed February 29, 2000, United States utility application serial no. solication no. 60/111,737, filed December 10,			
Cover sheet		1 page			
Specification		61 pages			
Claims		7 pages			
Abstract		1 page			
Tables		3 pages			
Drawing		25 pages			
Combined Declaration and POA, which is: ■ Unsigned;		3 pages			
Statement Deleting Inventors					
Sequence Statement					

1 page

j.

11.



Preliminary Amendment	
IDS	
Form PTO 1449	
Cited References	
Recordation Form Cover Sheet and Assignment	
Assignee's Statement	
English Translation	
Certified Copy of Priority Document	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$ 355.00
Excess Claims Fee: 43 - 20 x \$9	\$207.00
Excess Independent Claims Fee: 7- 3 x \$40	\$160.00
Multiple Dependent Claims Fee: \$135	\$0
Total Fees:	\$722.00
 ■ Enclosed is a check for \$722.00 to cover the total fees. ■ Please apply any other charges, or any credits, to Deposit 	Account No. 03-2095.
CORRESPONDENCE ADDRESS:	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	Telephone: 617-428-0200 Facsimile: 617-428-7045
Signature S:	16 October 2000 Date

\\Ntserver\documents\50036\50036.021004 Utility Appl. Transmittal.wpd